

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR BULLETIN

Vol. 1 No. 4.

JANUARY 1st, 1940.

Price Fourpence

MAELSTROM.

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Rather than add to the general confusion by giving our own views, we have taken the liberty of collecting recent pertinent sayings of the great men of Medicine from many and various sources—we admit torn most shamefully from their contexts—and presenting them in the form of a conversation piece.

* * *

Reorganisation.

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"The physicians and surgeons of the E.M.S. have built much better than they thought."

"The Ministry of Health may be using the E.M.S. as the thin end of the wedge for a post-war State medical service."

"I doubt if a more horrific nightmare be imagined."

"The criticism of the opposition to decentralisation found an appropriate answer in your . . . account of Bart.'s present activities."

Harley Street.

"Before the war consulting medicine was dying."

"Far from being moribund, the consulting profession was flourishing at the outbreak of war."

"Harley Street is dead. . . ."

"What the position will be when Harley Street and all it means has ceased to exist is hard to visualise."

State Medicine.

"Unfortunately organised State medicine is only visualised at the moment in terms of an extension of the present L.C.C. hospital system."

"If the hospital system should be nationalised we should have complete bolshevisation."

"Many voluntary hospitals at the end of the war, if not before, will find themselves utterly bankrupt."

"I hope general practitioners will not part with their liberty and sell their birth-right for a mess of potage."

The Municipal Hospital System.

"Surgery at L.C.C. hospitals under the present system is carried out mostly by untaught men who learn at the expense of their patients. Consultants have no power there."

"The presence of students in L.C.C. hospitals is found to improve hospital efficiency."

"Let us strive to preserve the voluntary hospitals, let the municipal hospitals develop along academic lines, let the two systems learn to work together to the advantage of both."

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"Practitioners send all their best patients for teaching purposes to L.C.C. hospitals because, by the nature of their organisation, it gives them much less trouble."

"The eradication of the present L.C.C. system is worth any drawbacks of a wider State organisation."

"In this country we have always prided ourselves upon a rich store of common sense. We should forfeit our title if we allowed ourselves to be chained to the fetters of a large-scale organisation."

* * *

We hope we have not added to the confusion.

"ROSE WINDOW"

The reader of "Rose Window" (Heinemann, 7s. 6d.) is struck first with the tremendous amount of work that the Appeals Department must have accomplished in compiling such a book; secondly, no one can but feel pride and gratitude that so many great writers should have given of their best in aid of Bart.'s. Criticism of the individual contributions would be invidious, and it can only be said that each one is well worthy of the pen of its author. No more fitting tribute to the work of Rahere has ever been offered than Humber Wolfe's poem. Priestley, Walpole, Coward, Marjorie Bowen, Eric Linklater—twenty-five such names as these can never before in history have appeared on the same dust-cover. No Bart.'s man can fail to possess this work.

Queens' College, Cambridge.

We must apologise for the error we or our printers have frequently committed in mis-spelling "Queens'."

CLINICAL APPOINTMENTS. WAR-TIME SCHEME

BY CHARLES F. HARRIS, M.D., F.R.C.P.

The first few months of this war caused a vast disturbance in the established scheme of clinical teaching. Everyone in the College took a hand in meeting the emergency; education had to take second place, and it is to the credit of all how much real teaching took place in the Sector Hospitals during these earlier months of war. As soon as the re-organisation of the hospitals on a war-basis was accomplished, it became essential to plan a system for clinical teaching. Delay was inevitable until it was known at which hospitals the various teachers would be posted and how many men could be housed in the neighbourhood of the three teaching centres.

February Issue.

All contributions for the February issue should be received before Wednesday, January 16th. All communications should in future be addressed direct to Saint Bartholomew's Hospital.

Subscribers in H.M. Forces.

All Bart.'s men serving in the Forces, either at home or abroad, are requested to assist us in compiling a "gazette" of appointments which we hope to publish shortly.

Index and Title, Page Vol. XLVI.

An order for the printing of this is being put in hand, and all subscribers who would like it are invited to apply to the Manager of the JOURNAL.

Circulation.

In giving nearly two thousand as the number of our subscribers, we should have made it clear that this figure did not include present members of the Hospital.

CORRESPONDENCE.

Dear Sir,

In the December issue of the JOURNAL you write that the Editor has been subjected to considerable criticism. It may therefore interest you to know that the December issue gave me greater pleasure than any issue for the past few years.

I may be wrong, but it has seemed to me that of recent years the BART.'S JOURNAL has been putting on weight. In this issue there is a lighter and cheerier strain. Kenneth Walker's reminiscences brighten proceedings and the Sector News was exactly what old Bart.'s men wanted.

Yours sincerely,
L. BATHE RAWLING.

Squabmoor,
Nr. Exmouth,
Devon.

In the middle of December the relevant information became available and in the course of a very few days a workable system to start in January had to be evolved. Arbitrary decisions had to be made for the current January arrangements without regard to the specific appointments previously applied for. What was aimed at was that all in their clinical years who had not completed their course should be given a post which would advance them towards qualification. In succeeding quarters it will become progressively easier to meet individual wishes in regard to the firms selected and the out-patient sessions to be attended.

It is now possible to set down on paper the somewhat simplified scheme for clinical teaching to be followed in this phase of the war. Everyone will understand that those who have had suddenly to switch from their peace-time scheme to its war-time substitute are at more of a disadvantage than those who start their clinical work under the new scheme. As the months pass men will be coming along whose education is a good deal less disorganised than that of those who had to meet the September to December conditions midway in their careers.

The general plan of the simplified scheme is as follows:—

1st quarter	Preliminary Medicine and Surgery	
2nd "	First time clerking	
3rd "	First time dressing	
4th "	Pathology	—Hill End Hospital.
5th "	Surgical O.P. and Special Departments	
6th "	Medical O.P. and Special Departments	
7th "	Second time clerking or ward dressing	
8th "	Gynaecological O.P. and Anæsthetics	—St. Bartholomew's Hospital.
9th "	Gynaecological In-patients and Midwifery	
10th "	Second time clerking or ward dressing	—Friern Hospital.
11th "	Revision and tutorial classes	
12th "	"—Friern and St. Bartholomew's Hospitals.	

At the time of writing it is still too early to give a complete list of the names of those members of the staff who will be taking part in the teaching, and additions will be made in the near future. Clerkships and dresserships at Hill End and Cell Barnes Hospitals will be under Dr. Geoffrey Evans, Professor Christie, Dr. Bourne, Dr. Cullinan, Dr. Spence, Mr. Roberts, Professor Ross and Mr. Hosford. Similarly, in-patient teaching at St. Bartholomew's will be given by Dr. Gow, Dr. Scowen, Mr. Wilson and Mr. Naunton Morgan; at Friern Hospital, by Dr. Graham, Dr. Maxwell, Mr. Vick, Mr. Hume and Mr. Corbett.

Medical out-patient and surgical out-patient sessions at St. Bartholomew's Hospital will be taken at the same times by the same teachers as in peace-time except that Dr. Gow and Mr. Vick will undertake Friday morning M.O.P. and Thursday morning S.O.P. respectively and Sir Girling Ball will replace Mr. Keynes on Saturday while the latter is in the Air Force.

The number of Special Department sessions will be rather diminished so that it will be comparatively easy to attend Throats and Ears, Eyes, Orthopædics during the three months of surgical out-patient work; Children, Skins and V.D.'s during the three months of medical out-patient work. A time-table of the special department sessions will be posted at St. Bartholomew's Hospital.

The work in surgical out-patients will be modified and improved in one respect. There being no surgery dressers available at St. Bartholomew's, those holding an appointment to surgical out-patients will attend the upstairs out-patient rooms on two mornings a week and on the other four mornings a week will undertake the surgical work in the casualty department of the Hospital.

The arrangements in the latter part of the scheme hinge on the fact that gynaecological out-patient material is available only at St. Bartholomew's Hospital and gynaecological in-patient material at Friern Hospital. It becomes essential, therefore, that the gynaecological out-patients should be held as the last appointment before leaving St. Bartholomew's Hospital, and gynaecological in-patients should become the first appointment at Friern Hospital. Facilities in the sector for midwifery are considerable and work can best be combined with the three months of gynaecological in-patients. In order to make use of the in-patient facilities at St. Bartholomew's Hospital and Friern Hospital it is desirable to do either second-time clerking or dressing at St. Bartholomew's Hospital before starting the gynaecological appointments and the complementary appointment, second time dressing or clerking, at Friern after finishing these appointments. Instruction in Fevers can be arranged during the period of medical out-patient work. No difficulty will be presented in arranging for a course in psychological medicine, the details for which are not at the moment available.

Some inconvenience there must be when a war-time scheme such as this has to be extemporised to fit in with the decentralisation of hospital services. This may prove to be greater in prospect than in fact. Experience in working the scheme will remove some of it. What remains will be an inevitable result of the war. The past few months have shown that every member of the College will put up with any amount of inconvenience so long as it is acknowledged to be unavoidable.

"COMMENTARIES ON DISEASE."

WILLIAM HEBERDEN, M.D., F.R.C.P., was one of the most acute clinical observers in English medicine, more especially for the times in which he lived. He was born in 1710, and after practising for over fifty years, died in 1801, when he was nearly 91. He prepared the notes from which the following extracts are taken for "the benefit of any of my sons who may choose the profession of physic." He says in his Preface that "the notes from which the following observations were collected were taken in the chambers of the sick from themselves, or from their attendants, where several things might occasion the omission of some material circumstances. These notes were read over every month, and such facts, as tended to throw any light upon the history of a distemper, or the effects of a remedy, were entered under the title of the distemper in another book, in which were extracted all the particulars here given relating to the nature and cure of diseases."

There is more than a hint of modernity in many of these notes, and especially in the first one of Diet.

OF DIET.

Many physicians appear to be too strict and particular in the rules of diet and regimen, which they deliver as proper to be observed by all who are solicitous either to preserve or recover their health. The too anxious attention to these rules hath often hurt those who are well, and added unnecessarily to the distresses of the sick. The common experience of mankind will sufficiently acquaint anyone with the sorts of food which are wholesome to the generality of men; and his own experience will teach him which of these agrees best with his constitution. Scarcely any other directions beside these are wanted, except that, as variety of food at the same meal, and poignant sauces, will tempt most persons to eat more than they can well digest, they ought therefore to be avoided by all those afflicted with any chronical disorder, or who wish to keep free from them. But whether meat should be boiled, or roasted

or dressed in any other plain way, and what sort of vegetables should be eaten with it, I never yet met with any person of common sense (except in an acute illness) whom I did not think much fitter to choose for himself than I was to determine for him.

There is scarcely any distemper, in every stage of which it may not be safely left to the patient's own choice, if he be perfectly in his senses, whether he will sit up or keep his bed. His strength and his ease are chiefly to be attended to in settling this point, and who can tell so well as himself what his ease requires and what his strength will bear?

RATIO MEDENDI.

One of the first considerations in the cure of a disease is . . . whether it is a distemper for which any specific or certain remedy has been found out. Many such in all ages, and in every country, have been for a little while in fashion; very few of which have justified the promises of their patrons, and answered the wishes of physicians and patients. Though, among the pretended specifics, some have very little virtue and others may be inconstant in their operations; yet if a physician be satisfied that they are safe, there may be many occasions when he may with propriety employ them.

ABORTUS.

One woman miscarried five and thirty times. One woman, after frequent abortions, took for a long time three drams of (Peruvian) bark in a day while she was breeding, and went her time, and brought forth the strongest of all her children.

ALVUS.

A very great difference is observable in different constitutions with regard to the evacuation by stool. One man never went but once a month; another had twelve stools every day for thirty years, and afterwards seven in a day for seven years, and meanwhile did not fall away, but rather grew fat.



THE FIRST GUN-SHOT WOUND AT FRIERN HOSPITAL.

BY RUPERT CORBETT, F.R.C.S.

ON the night of September 23rd, 1939, the Divisional Office of the Friern Hospital was rung up by the R.M.O. of a neighbouring hospital asking for the opinion of one of the surgical staff with regard to the abdominal condition of an emergency case which had been admitted. It was reported that a man of 21 had sustained a gunshot wound through the chest earlier in the evening. Although his chest condition did not give rise to much anxiety, there was concern with regard to the abdomen which was becoming painful, especially on the side of the injury.

At 1 a.m. the patient was seen, and having recovered from the initial shock of the accident gave the following history. He and a friend—a medical student—were spending the evening together at the patient's home. They were discussing firearms, of which they both had a collection, and in which they took a keen interest. The patient handed his friend a Smith and Wesson revolver—military police pattern—in order to show with what ease this type of revolver could be drawn from its holster. On the third draw a bullet was discharged at a distance of 2–3 feet away, which penetrated the left side of the patient's chest. This occurred at 8.15 p.m. Both individuals went downstairs to break the news to the parents and ring up for an ambulance to take the patient to hospital. Apart from the anxiety for his friend, the patient was not unduly alarmed.

On arrival at hospital it was stated that there was evidence of shock and bleeding from the exit wound situated over the eleventh rib on the left side. The wound of entrance was seen as a clean-cut puncture wound in the sixth intercostal space. Morphia, anti-tetanic and anti-gas serum were given and Eusol injected into the wounds; dry dressings were applied. At this time, five hours after the accident, the patient looked anxious, with discomfort on taking a deep breath. His temperature was normal, pulse eighty, and respirations twenty. There was marked dullness over the left chest and no air entry. Abdominal examination revealed some rigidity, with tenderness in the left hypochondrium and dullness in the left flank. These findings suggested definite involvement of the left

pleural cavity with possible involvement of the general peritoneal cavity in addition. For this reason I requested transfer to Friern Hospital for operation, which was granted.

Operation.

The patient was anaesthetised with gas, oxygen and ether. It was decided to excise the posterior wound first; there would be less movement of the patient during operation, which would minimise shock and also allow of easier access to the peritoneal cavity, if necessary, after dealing with damage to the lung.

After excising the exit wound and the damaged tissue underlying it, the eleventh rib was found to be splintered. The fragments of bone were removed and an additional $1\frac{1}{2}$ in. of rib resected sub-periosteally on each side of the fracture. This exposed a circular opening in the parietal pleura, and through it was seen the thoracic cavity full of blood clot. This opening in the pleura was enlarged along the line of the long axis of the rib and a retractor introduced. A good exposure of the pleural cavity was gained in this way and blood clot was mopped out. The lower edge of the left lung, which had collapsed, was drawn down into the wound and two holes were seen in the lowest portion of the lower lobe. These were sutured with catgut. Then the left cupola of the diaphragm was inspected and two small round perforations were seen, one, the medial, temporarily closed with a small tag of omentum projecting through it. By excising the lateral wound in the diaphragm an adequate exposure of the general peritoneal cavity was made. A retractor was introduced, and with the aid of a torch more blood was seen and the source of the bleeding found to be a lacerated wound of the spleen like a gutter extending along its superior surface. This was sutured and use was made of the tag of omentum, previously seen filling the medial perforation of the diaphragm, to cover the sutured surface of the spleen. No further exploration of the peritoneal cavity was thought advisable, and the rent in the diaphragm was closed. The second perforation was sutured from above quite easily. Next, the wall of the pleural cavity was sutured round a De Pezzer tube, as the

level of the opening was in the most dependent position for drainage and a spigot inserted to close the tube temporarily. Finally the patient was rolled gently on to his back. The entrance wound was excised, and it was found that the bullet had only grooved the lower surface of the sixth rib, the track mainly lying in the intercostal space. This reopened the pleural cavity which was found to be free from blood. It was completely closed by suturing first the muscular layers and then the skin.

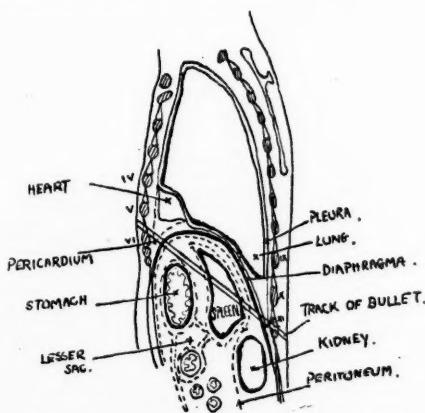
of its own accord. Then the patient experienced temporary respiratory embarrassment until the opening in the pleura sealed itself off.

On the eleventh day a sample of fluid was withdrawn from the left side in the seventh space in the mid-axillary line. This fluid resembled serum and was sterile on culture. Two days later 35 oz. of fluid was aspirated, and this gave rise to an irritating cough brought on by movement. Radiograms were taken of the chest to follow the progress of expansion of the left lung, and on the sixteenth day after the operation there was found to be considerable expansion and only a little fluid and air present in the pleural cavity. The patient was allowed up on the seventeenth day, and after two weeks' normal temperature he was discharged on the 31st of October—just over five weeks since the accident.

The accompanying diagram is an attempt to show the path of the bullet. It represents a sagittal section through the left side of the thorax, and explains the involvement of the pleural and peritoneal cavities—luckily avoiding the pericardium.

The satisfactory progress of this patient's recovery was the result of adhering to certain principles in dealing with gunshot wounds in general and those involving the chest in particular. They may be stated as follows :—

- (1) The careful and complete excision of the wounds.
- (2) The evacuation of blood clot.
- (3) The suture of damaged lung.
- (4) The greater efficiency and ease in repair of the diaphragm from above.
- (5) The suture of chest cavity with closed drainage.



On return to the ward the tube was allowed to drain into a Winchester Quart Bottle under a fluid level to establish closed drainage. During the next twenty-four hours he had a blood transfusion and a rectal drip established to administer one-fifth normal saline in tap water, of which he absorbed five pints. The latter was particularly indicated as he had vomited blood and it was feared that a perforation of the stomach might have occurred; it was therefore thought wise to restrict fluids by mouth. Progress continued to be satisfactory until the fifth day after operation, when the drainage tube came out of the pleural cavity



OUR POINTED PENCIL.

*War-time Ward-round at Bart's.*

We had a lecture just the other day,
Diabetes was the title, we were told.
My interest in it flagged, I have to say,
For it was very dry, and I was cold.
It appears that if you are a diabetic,
You carry round a ketone-like aroma,
But the thing that seems to me the most
pathetic
Is the likelihood of dying in a coma.
The sugar in your blood appears to rise
Through dysfunction of the Isles of
Langerhans,
Which goes to show that you should always
prize
The workings of your little ductless
glands.
You're an easy prey to many foul diseases
Which normally would leave you quite
alone,
Like pneumonia, or gangrene or paresis,
Resulting in reduced striped-muscle tone.
The only funny thing about this trouble
Is the way it gets at gastronomic sinners,

For aldermen get struck through eating
double
What they ought at those enormous City
Dinners.
From these, of course, it takes its retribution
And causes all their hardened hearts to
sink,
For, purely through this horrible condition,
They've got to eat plain food, and give
up drink!
Moreover, since it isn't an infection,
One cannot give the Stand-by, M. & B.;
They've got to have the prick of an injection
Of pancreatic insulin—b.d.

* * *

The moral of this story seems to fade,
For, though retribution still is there, we
think
That, while aldermen's injections must be
made,
The number's halved by protamin and
zinc.

J. A. S.

SOME OF THE LESS SERIOUS FORMS OF VERTIGO.

BY SIR ARTHUR HALL, M.D., F.R.C.P.

Emeritus Professor of Medicine, Sheffield University.

IN choosing the subject of Vertigo I realise that I am embarking upon dangerous and difficult seas, often calling for very special knowledge, if they are to be safely navigated. In some form or other, however, it is so common a symptom that the general physician cannot escape having to advise upon and treat it.

In its milder forms it is known as Giddiness, Dizziness, Lightheadedness, Swimming in the head, etc. There may be some compensatory reaction, but it is as a rule only slight, and hardly noticeable to the onlooker.

It is an unpleasant disturbance of consciousness, which, though not identical with other unpleasant sensations such as pain, hunger, thirst, or dyspnoea, may be equally or even more distressing than any of them, in that it causes an alarming sense of insecurity as to one's position in space. This may take various forms, either the person seems to move himself, or things move round him. Indeed, there are many varieties of sensations described by different sufferers.

Why does this feeling of insecurity of one's position in space cause so much alarm and distress?

The answer seems to be : It is a universal law that every living organism, except possibly the very lowest, has some one position of the body in space, which is its "right-way-up," the maintaining of which is imperative for existence.

We can depart from it voluntarily in daily life without discomfort or distress, provided we are aware of it and can at any moment right ourselves if necessary. If for any reason we are uncertain as to our position in space, and therefore unable to get "right-way-up" the alarm and distress which we know as Vertigo is produced.

To animals in the state of nature to be right way up is to be ready at any moment to fight or fly should danger arise. Like other vitally important physiological acts it is not left to the caprice of the higher nervous centres, but is an automatic reflex function of the Brain stem.

Magnus, of Utrecht and his fellow workers showed that in animals as high in the scale as the dog, the ability to gain and

maintain the "right-way-up" is a form of Reflex action, with its centre somewhere in the Brain stem; and that it continues to function even after the Cerebrum and Cerebellum have been removed. Stimuli can then come from two sources only, the labyrinths and the trunk. They also showed that the first essential act in getting right-way-up is to move the head into its normal position.

As the animal scale is ascended, vision becomes binocular, and stimuli from the eyes become a more important source of information as to our position in space.

Thus a normal man, whilst awake, is aware of the position of his body in space relatively to his surroundings, from three sources :—(1) The eyes. (2) The labyrinths. (3) The trunk, neck and limbs (superficial and deep parts). Stimuli are constantly streaming into the centre from these and effector adjustments are constantly being sent out from the centre wherever and whenever they are required to preserve his equilibrium.

Although the labyrinths, as primary sources of information regarding our position in space, are probably of less importance in man than in animals lower in the scale than monkeys, yet they have not ceased to function.

The nerve centres are thus at any and every waking moment fully aware of our position in space.

Under ordinary circumstances we are quite unconscious of this "awareness." Like many other complex mechanisms, it is only when, for some reason or other, being thrown out of action, that it obtrudes itself upon consciousness.

A familiar instance of this is when sitting in a train which is standing in a station. Another train from the opposite direction comes into the station ad pulls up alongside. After a short time the other train begins very slowly to move. We think our train is moving only to find that it is not, and on discovering our mistake there is a sense of momentary confusion which in some people may amount to actual giddiness.

In such a case the cerebral process

involved is complex, but the simple fact seems to be that we have assumed the other train to be a fixed object whilst we know that our train is about to move away and we have no other stimuli, visual or otherwise, by which to convince our centres, for the other train occupies the whole of our visual fields.

Vertigo, when it first occurs, is alarming to the patient. He wonders if the attack will ever stop, and when it has stopped dreads its return.

It is remarkable how even in cases of recurrent severe vertigo this alarm disappears in course of time when he has become accustomed to the attacks.

Some years ago a man attended my outpatients suffering from recurrent attacks of intense vertigo—I saw him in one of these in which he had to lie on the floor semi-prone with both arms stretched out as wide as possible. It was quite a long time before he was able to sit up again, and he then moved about very cautiously—but there was no alarm on his part—it was a temporary nuisance which he had accepted.

There are many persons in whom some form of dizziness is common and troublesome. Gordon Holmes quotes an epigram of the late Sir William Gowers :—"Vertigo is often a symptom more obtrusive than its cause." It may be produced by the most varied things, swinging, a train or even a motor journey, the sea, passing traffic, etc. When it has an obvious cause, such as one of these, it is accepted as a nuisance, but does not give rise to alarm. Exposure to the particular cause is avoided as far as possible. It is when there is apparently no cause for the attack that alarm arises.

Gastro-intestinal disturbances can produce uncomfortable giddiness. Here the cause is not obvious, and medical advice is sought. Rousseau described a series of cases which he called "Vertigo a laeso stomacho," and although some of these would probably be explained otherwise today, yet there is a close association in some people between flatulence and vertigo. Nor is it difficult to imagine such an association. Vertigo and vomiting are both present in sea-sickness, intracranial lesions, ear disease and many toxæmias.

There is probably some close nervous connection between the digestive tract and the labyrinths, possibly the remains of an ancestral function, once essential.

Another somewhat different action may also prove troublesome in elderly people, namely, a temporary congestion of the cranial veins when they stoop down. Thus, for example, an old man finds that he goes dizzy when he tries to lace his boots, so that he has to get someone to do it for him. Probably his vestibular apparatus goes as purple as does his face when he stoops.

He can be considerably relieved, and once more able to lace his own boots in comparative comfort by kneeling on the opposite knee for the purpose. The position of the head is then much less flexed, and cranial venous congestion avoided.

There are certain points in dealing with these minor forms of giddiness which can prove valuable even if not removing them entirely. The effect of a first attack of vertigo is one of alarm. This may be so great as to cause a complete loss of self-confidence, persisting for a long time. It is a great step in helping such a person to regain his self-confidence if, after carefully excluding or correcting any serious cause, one explains to him in simple words the mechanism and function of his balancing apparatus. Most laymen have not the vaguest knowledge of their own bodies, either anatomically or physiologically, and the matter of posture and balance is not a simple part of either of these. Still it is a great deal if you can assure a patient that he can help himself by learning what to do and what not to do, and more particularly if you can assure him that an attack of vertigo does not kill and does not persist.

It is astonishing to see how in the course of time an attack which in the early days caused alarm and the physiological effects of alarm will as time goes on be accepted as a momentary nuisance and nothing more.

To a fish the question of the variation of gas in the abdomen may be of considerable importance in keeping it right way up in the water, and therefore any change must be notified at once to the controlling centre. Now, in fishes the auditory apparatus seems to be represented by what is known as the Lateral Line, at each side of the head and body. These are supplied by two sets of nerves, communicating with the 5th, 7th and 10th or 9th cranial nerves.

Although in terrestrial animals the lateral line disappears, yet traces of its old nervous connections persist in the auricular nerve of Arnold from the Vagus with its communicating branches from the 9th and 7th nerves.

Dizziness becomes more common as the years increase. One may suppose that the labyrinths find it less easy to adjust themselves rapidly to changes of position. An infant can be hung head down without any apparent discomfort. Children often amuse themselves by swinging one another round until both of them are pleasantly dizzy. Such forms of amusement do not, however, seem to appeal to adult men and women, unless they are professional gymnasts,

whose balancing mechanism has been trained to act quickly.

Many cases of occasional giddiness can be shown to be due to sudden changes of position of the head, either in getting out of bed, or looking round suddenly in the street or elsewhere. When warned to avoid sudden movements, not only do they lose most of the trouble, but also the anxiety which these recurring attacks, apparently without cause, naturally produced.

EXCERPTS.

" LANCET " PLAN FOR BRITISH HOSPITALS.

I am a little pained to find that only the third-rate man is prepared to take up whole-time work.

SAMSON WRIGHT.

It seems on the whole that to the general practitioner the plan appears reasonable, whilst to the consultant it appears execrable.

A PRESENT WHOLE-TIMER.

It is not the dreams of your Commissioner that excite surprise and indignation so much as his nightmares. One is tempted to believe that he bases his knowledge of the consultant's life on "The Citadel."

F. G. CHANDLER.

Letters to the " Lancet."

* * *

GERMAN PROPAGANDA.

I suppose that the best method of counter-attack would be to arrange that listeners, having heard the German broadcast, could switch over immediately to our own stations and hear at once a translation of our propaganda broadcast to Germany.

WILFRED SHAW,

The Times, December 13th.

* * *

It is believed in some quarters that the Nazis may be trying to deceive the British Navy.

Daily Telegraph, December 14th.

* * *

It is learnt that all Cambridge Dons who are good at crossword puzzles have been sent for by the War Office for the de-coding department.

F. H. Ridler, of the commercial staff of "Lawn Tennis and Badminton," a voluntary blood donor, has given a transfusion under the Emergency Blood Transfusion Service.

Lawn Tennis and Badminton,
Official Organ of the L.T.A.

December 2nd.

* * *

FROM A NURSE'S NOTEBOOK.

The abdomen is divided roughly into right and left hypochondriacs.

The udders of cows should be examined by veteran surgeons.

In the spleen are found the Eyelids of Langdeham.

Nasal-feeding of a baby should be performed by dipping its nose in a basin and making it sniff.

* * *

FIRST-AID GHOST.

One of our City First-Aid Posts is on the ground floor of an old rambling building with dark passages and strong associations with the past. The story comes to us of the Medical Superintendent who late one night saw a dim feminine figure in white flit past him and glide up the stairs. Being a man of the world he thought no more about the affair, but in the morning mentioned it casually to the aged hall-porter. He only looked at him queerly and said, "Oh, so you've seen it, too."

* * *

E. M. MESS.

HARINGTON'S METAMORPHOSIS.*

By A. H. T. ROBB-SMITH.

This paper deals, not with the intricacies of thyroxin or the gyrations of axolotls, but with the history of the application of hydraulics to sanitation.

I have no mock modesty in bringing this fundamental matter to your notice, for it was one in which your patron, or at any rate his protégé, Egerton Y. Davis, was profoundly interested, and I am following in the tradition of the Rev. Dr. Buckler† of All Souls, who, in the eighteenth century, read before a learned Society of his college "A Critical and Historical Dissertation on Places of Retirement for Necessary Occasions."

The problem of the disposal of ordure has been with man since he gave up a nomadic existence, though certain theologians held that defaecation only began after the Fall as a further sign of unworthiness, and it was for this reason that a Pope during his investiture was set on a chair without a bottom that he might be reminded he was but mortal. With the beginning of an agrarian existence, though it was not possible to move away from one's excreta, yet it is probable that its value as a fertiliser was soon recognised; it was conceived as a useful asset rather than a noisome accumulation, and it is with the rise of an urban population that the real sewage nuisance began.

Excavations at Cnossus, Nineveh and Egypt have shown the existence of carefully planned sanitary schemes, with simple water closets and disposal of sewage along earthenware pipes into adjacent streams, but it is during the Roman period that sanitation reached its zenith. Tatius, who ruled with Romulus, is said to have inspired this interest by erecting a great privy in the Capitol containing a statue of the Goddess Cloacina, but it was the Tarquins who built the Cloaca maxima which carried the sewage of Rome to the Tiber. It should be understood that the cloacæ carried off both storm water and ordure. This was not an ideal arrangement, for although the excrement was out of sight it accumulated and periodically blocked the branches of the drains; certain officers were responsible for seeing that they were kept clear. Privileged

prisoners (it was one of Tarquin the Proud's little ideas) were selected for the task, and on its completion the magistrate rowed down the sewer to the Tiber or drove a cart along it loaded with hay according to the time of the year. The regulations as to turning sewage into the public sewers were strict, permits were necessary, and those who lived at some distance from a tributary had to employ a cesspit whose contents were disposed of outside the city as manure. There were numerous public privies in the Roman towns; some were free and in others a fee was charged. They were of the trough closet type, the seats all opening on one long trough which was washed at frequent intervals by streams of water.

There were no public urinals in Rome, but the fullers, who needed urine both for cleansing wool and in dyeing it, used to put barrels about the streets for the public to relieve themselves into. Vespasian, being short of money, hit on the simple plan of taxing the fullers for the urine they received, and it is said set up special latrines for the purpose. I believe that quite recently certain of the pharmacists encouraged pregnant women to sell their urine to them for its endocrine content, but pregnant mares are now found to be more satisfactory for this purpose.

The Romans were inordinately proud of their sanitary arrangements, and distinguished visitors were always shown them and asked their opinion, much as American film stars are of our policemen.

Apart from the built-in privies there were portable close stools; these were of two types, the *lasanum* for men, which corresponded in shape to a chamber pot, and the *scaphium* for women, which was boat-shaped. The most inferior slave was the *lasanophorus*, who was summoned to his duties by clicking of the fingers. Originally the vessels were of earthenware and were used as missiles at the end of banquets, but later in the decadent period were finely wrought, and it is recorded that the pan of Heliogalbus' close stool was of gold and his chamber pots of onyx and amber.

There is little trace of Roman sanitation in Great Britain, and it will be convenient to consider the evolution of English sanitation from about the twelfth century.

In all conventional buildings special care was taken as to the placing of the neces-

* Based on a paper read to the Osler Society of Oxford on June 10th, 1938, and grounded on an earlier paper read to the Osler Club of London.

It is odd that one, John Buckle, has just written a *pastiche* on Oxford in 1933 in which conveniences play a considerable part.

sarum or *reredorter* (meaning behind the dormitory or *dorter*). Monasteries were always built near a river, and it was usual for the cloister and its buildings to be on the south side of the church. A branch of the stream was commonly diverted through the lower story of the *reredorter*, or, as at Gloucester, the chamber was built over the great drain which ran into the stream. One of the most perfect surviving examples is that at Fountains Abbey. It consisted of a lofty basement through which ran water and over this on the same level as the dormitory there were nine archways set back to back constituting 18 privies.

It would appear that it was the custom for the community to relieve themselves at a set hour, for the accommodation was always ample, 54 at Canterbury, 66 at Lewes. (Fifty was the usual number of inmates.) In spite of these good habits the monks were not free from constipation, for in examining the privy pit at St. Albans numerous seeds of buckthorn, a powerful cathartic, were found.

In the castles the privies were commonly called guarderobes, and it is interesting to note the antiquity of this euphemism. Commonly there was a sanitary tower with several privies to each floor communicating with the moat by shafts. In other cases they were in turrets, with the privy projecting out over the moat. Sometimes they were built in the thickness of the chimney breasts, which kept them warm in winter, and the draught carried away some of the smell. Henry III was very particular about his sanitary arrangements, and when he was short of money and visiting the rich barons he always sent instructions as to the arrangements he expected.

The Chamberlain was responsible for supervising the sanitary arrangements, and in John Russell's Book of Nurture, written in the fifteenth century, we read:

"See the priviehouse for easement be fayre soote
and cleane
And that the bordes this upon be covered with
cloth fair and greene
And the hole himself look there no board be seen
Thereon a fair cushion the ordure no man to
teme
Look there be blankit cotyn or lynyn to wipe the
nether ende: "

In spite of Gargantua's extensive researches into the perfect torchecul, cloth was the usual cleanser, though the Roman used herbs, or a sponge on a stick, and there is a sad story in Seneca of a German

who mistook the sponge for something to eat and died of it.

Where no running water was available great wells and cesspits had to be built, and the cleaning of these pits was so unpleasant that it was only carried out when the stench made it imperative. In 1281 the privy of Newgate Jail was emptied; it took 13 men five nights to carry it out and cost £4 7s. 8d., which was a considerable sum for the time.

It might be mentioned that many of the small rooms in historic houses which are described in guide books as oratories or priests' holes are clearly, when their architecture is investigated, nothing more or less than privies.

Although the troubles which beset the large house were little more than they are in the country to-day, yet in growing towns it became increasingly difficult to deal with the sewage. To realise the magnitude of the task it has been estimated that 4oz. of faeces are passed daily, which meant that in London in the fourteenth century 2,000 tons of faeces had to be disposed of yearly. Nowadays the borough of London deals with about a quarter of a million tons of faeces in a year. At that time there were only three public lavatories in London, one at Temple bridge built over the Thames with four openings, another at Queenhithe, and the third on London Bridge. Private lavatories were just as scanty; in 1579 there were only three privies to serve 60 householders in the parish of All Hallows.

The richer classes minimised the smell by having a pipe to connect with the earth chamber, but in poor houses boards were set over a deep pit, and as the wood sometimes rotted there were many accidents caused by falling through and drowning in their own filth. An account of such an accident appears in Fabian's Chronicles (1516): "In this year also fell that happe of the Jew of Tewkesbury which fell into a gong upon the Saturday, and would not for reverence of his Sabot day be plucked out, whereof hearing, the Earle of Gloucester that the Jewe did so grete reverence to his Sabot day thought he would do as much unto his holyday which was Sunday and so kept him there till Monday at which season he was foundyn dead."

At first people were encouraged to connect their privies with the streams running into the Thames. However, the carrying power of the Thames was limited, and there

were repeated Royal orders complaining of the condition of this river, "for it is so greatly obstructed and the course of the said water so greatly narrowed that great ships are not able, as of old they were wont, any longer to come up to the same city, but are impeded therein. We also perceived the fumes and other abominable stenches arising therefrom; from the corruption of which, if tolerated, great peril as well to the persons dwelling within the said city as to the nobles and others passing along the river, will it is feared arise unless indeed some fitting remedy be speedily provided for the same."

The result of this was a new order forbidding rubbish and filth to be thrown into the river or fosses, and that it must be taken out of the city in carts.

In 1535 a raker was appointed to every ward, who went round three times a week sounding a horn, and everybody had to put his offal into the open street before five in the evening to be collected.

I have made no mention of the hygienic dangers of the sanitary arrangements, as they were probably small compared with the other disease vectors. There is no doubt that enteric and dysentery were endemic, but the surviving population would be immune and conditions would be similar to those in certain Mediterranean resorts where it is only the foolish water-drinking visitors who get typhoid.

With each outbreak of plague attempts were made to improve the disposal of sewage, but this was largely because it was imagined that the smell contained the noxa and it little mattered where the faeces went so long as the smell did not get into the air.

At the end of the sixteenth century the first true water closet was devised by Sir John Harrington, and although his idea had little or no influence on sanitary practice yet it was of such importance that the matter must be discussed in some detail.

It is true that the Romans had closets situate over natural or artificial streams, but the essential point of Harrington's idea was that there was a pan containing water into which the faeces dropped, and this communicated with the cesspool through a valve which was only opened at will. The pan was flushed and kept filled from a cistern which he suggested should also contain fish, a device which I have felt should be employed in those public lavatories having large glass cisterns.

Harrington was a typical Elizabethan. He was born in 1561, the son of one of Henry VIII's treasurers of building and camps, and one of Elizabeth's ladies-in-waiting, and a godson of the Queen. Educated at Eton and Cambridge, he entered Lincoln's Inn, but spent most of his time at the Court, where he gained a name as a wit and a master of epigram. He is credited with "Treason does not prosper; what the reason? Why, if it prosper, none dare call it treason." He also produced the best English translation of Orlando Furios; at first he only translated the story of Giacconda, which he circulated in manuscript to the ladies of the Court. Elizabeth discovered it and as a punishment banished him from Court until he had translated the whole. During this retirement he spent his time improving his house at Kelston, and it was then that he devised his water closet. He announced the result in 1596 in a pamphlet under the title of "A New Discourse upon a Stale Subject called the Metamorphosis of Ajax," and there were three or four pamphlets in a similar vein. They are full of that word-play and recondite reference so popular at the time. Ajax is a play on the Elizabethan word for a closet—a jakes. He suggested that on the strength of it he should be made a member of the Privy Council, but in actual fact he was nearly arraigned before the Star Chamber. This was not because of its subject matter, for at a later date Elizabeth ordered a closet on his design to be installed at Richmond, but because there was a suspected innuendo against the Earl of Leicester, and once again he kept away from the Court.

I have read through the Ajax pamphlets fairly carefully, and where the Leicester allusion occurs I cannot see and I know no article in which the actual offending phrase is specified, although from circumstantial evidence there is no doubt that it did so offend.

His invention did not have the immediate effects that might have been expected, because about the same time the bucket closet was introduced, which was simpler though less effective. Not only were these used in the house, but in the streets of Edinburgh men went round carrying buckets and large cloaks, crying, "Wha wants me for a bawbee?"

(To be concluded.)

PETTY CASH
or THE SETTLEMENT OF LITTLE ACCOUNTS.
 BY OUR FINANCIAL CORRESPONDENT.

In fact, staving off creditors.

Although money affairs are notoriously sordid, especially in the matter of prolonging the life of a credit account beyond what tradesmen would claim to be its natural span, there does exist a way of introducing lightheartedness — even excitement — into this rather grim process. A diverting battle of wits can be begun, involving no more than an exchange of letters between the belligerents. The sides are called "The Customer," who is one-sided, and "The Firm," which is a team. Clearly the Customer is handicapped by a numerical disadvantage, and, unless he too were founded in the reign of George the First, is likely also to suffer from inexperience. It is therefore proposed to give a few hints on the technique of the contest by giving specimen letters both to and from an habitual customer.

Letter from the Firm:

"A cheque will greatly oblige" in red ink at foot of a bill.

Answer by the Customer:

Send no answer: a Firm as mild as this needs ignoring for up to a year more. This sort of thing arises from a bad habit on the part of their Treasurer, the result of dealing with inexperienced Customers.

The Firm:

A red label adhering to the foot of a bill, "This account has now greatly exceeded our usual terms of credit. Kindly send a cheque."

The Customer:

Again, either ignore or order something really expensive by post. This is really an opening move.

The Firm:

"We feel that this account must have escaped your notice. We shall be pleased to receive a cheque at your earliest convenience."

The Customer:

Mild sarcasm should not go unencouraged. Answer on a postcard that you keep all your bills together and were pleased to see theirs among them.

The Firm:

"This account has greatly exceeded our usual terms of credit. Kindly send a cheque in settlement by return."

The Customer:

"I am accustomed to paying my tradespeople at my own convenience, and unless you propose to institute proceedings against me, I intend to make no exception in your case." This draws them out into the open.

The Firm:

"We have had some very heavy accounts to settle during the last month, and shall therefore be pleased to receive your cheque by return."

The Customer:

"I am very sorry indeed to hear of your reckless expenditure, and I do hope that you will profit by your present difficulty and will avoid finding yourself in a like embarrassing financial position again. Since I have been dealing with you for some years now and have watched with interest the surprising growth of your firm, I shall be pleased to make you some small contribution to help to put your business on its feet once more." This is cunning: it puts the firm in your debt.

The Firm:

"We regret that unless we receive your cheque by return of post we shall have to put the matter into other hands for collection."

The Customer:

This is sometimes bluff, and at others means the Debt Collector. Try a very post-dated cheque or an essay on practical Christianity. Or else return their letter and cover it with a note, "Kindly stop your irresponsible clerks from sending me letters like the enclosed."

From the Debt Collector:

"Your account with the Firm has been handed to me. I shall be glad if you will forward me a cheque for the sum outstanding within eight days."

The Customer:

This is definitely a point to you: the Debt Collector is given a percentage which he is entitled to deduct from the money he proposes to hand on to the Firm. So either send him a post-dated cheque if you dislike the Firm, or write to the Firm if you have met the Collector before and think he is interfering: "You seem to have sent my account to so-and-so in error. Kindly see that this does

not happen again, as I dislike having it made public that I deal with a firm like yours." Or simply, "I don't like your friends, so I am sending you a post-dated cheque." This results in an apologetic letter from the Firm and is another point up to you. Or do nothing at all.

From the Debt Collector:

"Unless I receive your cheque within three days, I shall be compelled to take out a summons against you."

The Customer:

Avoid arbitration : you've made a mess of things : capitulate. But post-date the cheque. Or, "I am enclosing herewith a cheque," and forget to enclose one.

The Firm:

"We have decided not to trouble you for the settlement of your account with us. We must, however, decline to allow you credit on future occasions."

The Customer:

Per ardua ad astra.

BART'S DINNER ABOARD H.M.H.C. "ATLANTIS"

Alexandria, November, 8th, 1939

On November 8th the following old Bart.'s men forgathered for dinner and drank the health of our Alma Mater :

Surgeon Commander L. G. Strugnell, R.N. (in the chair).

Surgeon Commander G. F. Abercrombie, R.N.V.R.

Surgeon Lt.-Comm. R. H. Enoch, R.N.V.R.

Surgeon Lt.-Comm. H. M. Willoughby, R.N.V.R.

Surgeon LtL.-Comm. de Labilliere, R.N.

Surgeon Lt. C. W. B. Woodham, R.N.V.R.

Guests :

Surgeon Captain M. Moore, R.N.

Surgeon Captain J. S. Austin, R.N.

Surgeon Commander E. Pollard, R.N., was unavoidably absent owing to seasickness.

St. Bart.'s Journal War Bulletin No. 1 was handed round by Surgeon Commander Abercrombie, none of the others present having paid their subscriptions !

After an amazing repast Surgeon Commander Strugnell proposed the toast of Bart.'s and in a telling speech associated Rahere with Sir Girling Ball, whom our Chairman coupled as Patron Saints of our Ancient Pile. The Guests were coupled with this toast, and it was noticed with pleasure that one of them honoured Bart.'s with a course of post-graduate study in Radiology ; our other guest was undoubtedly Bart.'s loss, if Dublin's gain. Reference was made to the posture of the guests. Whereas they were upright, the Bart.'s graduates adopted a concave position born of sitting for many years on the edge of the Fountain !

Surgeon Captain Moore responded for the Guests in a few well-chosen words and was ably seconded in a trite speech by Surgeon Captain Austin, who recalled divers family connections with Bart.'s.

After a round-table conference, in which many yarns of ripe vintage were passed round (Vintage 1909—1939), the company broke up at 23.00 after a vote of thanks had been passed by Surgeon Commander Abercrombie to our genial Chairman, Surgeon Commander Strugnell.



AIR-RAID REHEARSAL.

"Town Hall speaking. Air raid will shortly take place. Stretcher cases—some gas—will arrive at your hospital at 1 p.m." So spoke a sauve voice on the hospital telephone shortly before lunch one fine Sunday morning. The Lodge porter rang up the R.M.O., who was reading "Round the Fountain" in his bath. The R.M.O. dried himself hurriedly and rang up the Matron, who was seeing a nurse about something or other. The Matron rang up the kitchen staff about postponing lunches, and all four parties rang up the Students' Quarters in quick succession.

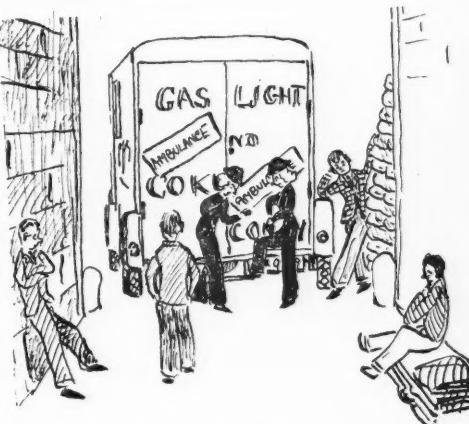
In due course they all assembled in "C" Ward; the R.M.O., Matron, two residents, two sisters, ten nurses and five students. Matron said the Town Hall hadn't mentioned anything about it being a practice, so these were probably real cases. Instruments were hurriedly thrown into the sterilizer, while the R.M.O. rang up the Town Hall authorities. No, they replied, it was only a practice.

As a social gathering the party in the ward was a success. Four men retired quickly into a side room to play poker, but the rest of the company wandered about the ward in groups prepared to give themselves up wholly to the Art of Doing Nothing at the convenience of the Borough Council. Lunch-time came and lunch-time went and interest was beginning to flag a little. At 2.15 it was decided something must have gone wrong somewhere and the party broke up for lunch.

Hardly had the first mouthful been eaten when there was a crashing noise near the front gate. An ambulance had arrived. After much desperate backing and scraping of gears it finally fetched up in the right position under the archway. The company re-assembled. Out stepped two bright young blondes in tin-hats and immaculate one-piece trouser suits.

"Have you got the key to the back Jane?"

"No, you fathead, don't you remember you said you'd keep it!" In the end the key was found at the bottom of Jane's handbag, hidden away among lipstick and powder. The door was unlocked. Inside were two tiers of empty stretchers with blankets neatly folded on top of them.



"Oh, no," said Jane, "we haven't got any patients. We were only practising driving up." . . . The hospital staff returned to lunch.

They had just got through the first course and were starting on the second when the telephone rang from the lodge: "Ambulance arrived."

They returned to the archway. This time men were in charge, heavily clad in gas-proof uniform. They opened the back. Inside was one man lying on the left upper stretcher looking extremely cyanosed and lifeless, with flour on his cheeks and red ink running down his chin. On his chest was a label which read simply, "Bleeding."

"Gas case," said the driver briefly.

The stretcher was lifted out without mishap and laid in the square. The gas squad lifted him on to a chair and carried him into the decontamination room.

"Here," said one of them, "we would take all your clothes off and put you into that bath."

"But the water's cold and it's a cold day," said the other, "so we won't bother about that."

A flicker of interest had passed momentarily across the patient's face, only to vanish again as quickly. They carried him through a curtained doorway into another room.

"Here we would throw Soda Bic. into your eyes and probably smear you with ointment," said the first gas expert. The patient showed complete indifference.

They carried him into the ward like a hero and laid him on a bed. Nurses read his label and other nurses fetched him tea. He woke up a little.

Suddenly there was a sound of scurrying footsteps in the doorway and the driver burst in and rushed up to the R.M.O.

"Excuse me, sir, but we've just heard we've come to the wrong hospital. We should have taken him to the City Breast!" Without a word the gas case got up and accompanied the driver hurriedly to the door before a distinctly hostile crowd.

The R.M.O. went into the house and rang up the Town Hall. He was there for some minutes and no-one knows to this day what passed between them. But he came back looking very hot and flushed and with sweat pouring from his brow. No more ambulances arrived that afternoon.



Anon.

SECTOR NEWS.

By the time this JOURNAL appears in print the Sector system, in the form of many isolated units as we have known it in the last few months, will have come to an end. Under these circumstances it seems undesirable to print in full individual letters from the various units, but we present the more pertinent extracts from the letters we have received.

Our CAMBRIDGE correspondent writes : "In Cambridge we have now almost lost what little there was of Bart.'s left to us. That insidious, crawly reptile culture has taken his abode in Queens' and through the dry leaves of autumn the Erlking has whispered

'Du liebes Kind, komm', geh' mit mir,
Gar schöne Spiele spiel' ich mit dir.'

"Many a fool has gone! You may see him any day in the market place (like his slave ancestors before him) being traded for a few pieces of silver and returning with nothing but a book. . . . Most certainly there has been no strengthening of the Bart.'s tradition, but rather a shameless copying of Cambridge's ways and a falling away to that much-quoted law of the jungle, might is right." We hope someone will write and say at any rate that this is an over-statement.

From MILL HILL we hear of "Life humming along amid peaceful rural surroundings," of prowess at games and an unbeaten record at hockey and soccer. Also "A momentary lull in the less active side of social life, awaiting the offensive of Christmas gaiety which we hope many Bart.'s men will be able to enjoy with us here."

At HILL END and FRIERN work and teaching continue in full swing. At FRIERN a very successful show has been produced, called inevitably "The Friern Follies."

At the ROYAL NORTHERN they are very dissatisfied at having to move. Our correspondent writes: "If we haven't learned anything since we've been here, it is our own fault. Having never really studied life from a Rectal point of view before, we now realise that we might just as well have a colostomy right away and be done with the thing. And, as someone remarked, there's considerably more in the U.G. system than meets the eye. . . . We like the story of the man in the Middle Ages who, having a cyst of the epididymis, was accounted to have three testicles and by a special Papal Dispensation was permitted to have two wives. Those were the days. . . ." We appreciate their indignation at being, as he puts it, "fouilly ejected from" a hospital where teaching is so excellent.

MUSWELL HILL ISOLATION HOSPITAL was closed down abruptly as a Casualty-clearing hospital soon after a very satisfactory routine had been established.

The LONDON FEVER HOSPITAL too, we understand, is ceasing to exist as a Casualty-clearing station. I wonder if the Government realises what a deplorable situation it creates when, having taken over a voluntary hospital and severed it completely from its normal sources of income, it coolly abandons it at about twenty-four hours' notice.

SPORTS NEWS.

RUGBY FOOTBALL CLUB

v. Combined London Irish and London Welsh ("Sheiks"), December 9th. Score: 12—0.

For this game there was a welcome return to the amenities of our own ground at Chislehurst.

Owing to the lateness of the kick-off play was reduced to thirty minutes each way, but nevertheless an enjoyable game was had by all.

The conditions suggested a fast open game and play started off to this tune, but the forwards, especially those of our opponents, gradually took charge and except for an occasional strong run by the "Sheiks" backs, who were well served from the scrum, the three-quarters saw little of the ball.

The final score just about represented the run of the play, which took place mainly in midfield. Bart.'s never really looked like scoring except for two attempts from penalty kicks which just went wide. The combined side were always slightly better, although all their tries could easily have been prevented.

Team: W. Atkinson; A. McDougall, J. W. G. Evans, J. E. Miller, B. Jackson; M. Laybourne, R. D. Hearn; H. L'Etang, J. Mullan R. L. Hall, R. Macpherson, J. Gask, K. G. Irving, P. C. Collinson, R. Alcock.

"A" XV v. St. Mary's "A" XV. Drawn 8—8.

Played at Teddington on a perfect ground in brilliant sunshine—a welcome change after floundering about in mud up to our ankles. The presence of several members from the 1st XV inspired confidence, and our first try came from a delightful three-quarter movement started by McAfee, which Jackson converted. Soon, however, a passing movement on our own line went astray and Mary's got a lucky bounce and scored under the posts. After that a rousing game developed, rather too obstructive to please the backs but definitely the best game of the season, and the final score of 8—8 could be regarded as satisfactory to both sides.

Team: J. D. Loughborough; B. Jackson, W. Atkinson, R. Merryfield, D. Brown; L. McAfee, J. Miller; R. L. Hall, J. Mullen, A. N. Other, T. Spafford, H. King, R. Alcock, J. Gask, J. Robertson.

* * *

ASSOCIATION FOOTBALL CLUB

v. Reading University, November 22nd.

Home. Won 4—2.

We gained our sixth victory in nine matches by beating Reading University at Mill Hill, and the score, on the whole, did not flatter us. James played his usual excellent game, leading the forward line well and scoring two of our goals. Packer's goal was a fine effort and he, too, played a thoroughly sound game at centre half.

Team: G. H. Wells-Cole; A. D. McShine, J. V. T. Harold; D. Currie, F. H. Packer, G. Howells; D. J. A. Brown, G. V. S. Mansan, A. R. James, D. J. Robertson, W. J. Atkinson.

v. St. Mary's Hospital, November 25th. At Teddington. Lost 3—4.

With as good a side as we have had out this season we just failed to make the game a draw. We were unfortunate in that James hurt himself during the game and so the forwards were considerably handicapped. Nevertheless, Mariani helped himself to three excellent goals, which nearly atoned for our defensive mistakes. The old fault of not tackling the opponent quickly was much in evidence again. It was, however, a very enjoyable game for everyone, and it was very pleasant not to have to change in darkness after the game for once!

Team: G. H. Wells-Cole; A. D. McShine, O. Sookias W. Gordon, F. H. Packer, D. Harland, W. D. Mail, P. McA. Elder, A. R. James, H. M. Jones, G. Mariani.

v. Charing Cross Hospital, November 15th. Away. Won 4—2.

For this match we had only ten men, yet managed to give a good account of ourselves. At first things went badly, although we had the slope in our favour, and at half-time we were two goals down. After the interval came one of those recoveries which have been a feature of several of our games this season. The defence remained very steady while goals were scored by Packer (2), Brown, and MacAfee, the last being a beautiful shot from well outside the penalty area.

Team: G. H. Wells-Cole; A. D. McShine, G. Howells; D. Currie, F. H. Packer, W. J. Atkinson; L. A. MacAfee, M. Anthony, J. V. T. Harold, D. J. A. Brown.

v. Old Cholmeleans, November 18th. Home. Lost 1—3.

The Old Cholmeleans, against whom we were very glad to be able to get a fixture, were always rather too good for us. They had a strong defence, through which our forwards could only once pass, when Robertson dribbled through to score a brilliant goal. The goals scored by the Old Cholmeleans were all ones which gave the goalkeeper little chance, especially the second, a "pile-driver" from twenty-five yards out into the top left-hand corner of the goal.

Team: G. H. Wells-Cole; A. D. McShine, J. V. T. Harold; D. Currie, M. Kipling, G. Howells; W. D. Mail, H. Gavurin, D. J. Robertson, S. R. Hewitt, G. Mariani.

v. Ravensbourne, December 2nd. Home. Lost 2—9.

The difficulty of raising a side has greatly increased lately, a fact which was clearly demonstrated in this game, in which only about six of the regular side played. Ravensbourne, unlike the last time we played them, were much too strong for us, and though we gave an imitation of some of the second-half rallies that have been a feature of many games this year, it was not enough. But the goal Packer and Mail scored between them was worth all the rest of the game put together. Packer, left back, dribbled the ball right up the left wing, centred beautifully for Mail to head it past the goalkeeper. The only other player to shine was Kipling, who played his usual energetic game at centre-half.

v. Old Cholmeleians, December 9th. Away.
Draw 0—0.

This game, although played on a heavy ground at least as small as the one at Mill Hill, was quite the best we have had this year. In it our Secretary, Maples, made his come-back after a month in Dublin. Peter Elder were also glad to see making one of his all-too-rare appearances. Both goals were continually bombarded, and there was much good defensive work on both sides. Harold, at left back, was excellent, and played his best game for us this year. In the last few minutes heavy rain came on and made the ball even more slippery, but in spite of their strong attacks our defence kept them out, and a draw was really the fitting result for such an enjoyable game.

v. Brighton Old Grammarians, December 16th.
Home. Won 3—0.

If, as seems likely, this is our last game this season, it was at least satisfactory that we could record such a convincing win. The game was a fast one, understandable on such a bitter day, and considering that several of our side had not played soccer for some ten years or more we did remarkably well. For this we have to thank Maples and Packer, who, at centre forward and centre half, got through a lot of useful work; and Harold at left back had his man taped from the beginning.

It would be a matter for great regret if there were to be no more soccer after Christmas. A little more co-operation from members (and a little more cash from the Students' Union!) would make the Secretary's job much easier.

* * *

HOCKEY CLUB

v. Tulse Hill, Saturday, November 25th.
At Mill Hill. Won 4—2.

The game was commenced in the gloom of a typical November afternoon. Bart.'s started attacking strongly and at once forced the opposition behind the line. The score was opened by the Hospital with a good shot from J. L. Fison after ten minutes' play; and just before half-time the lead was increased by Heyland. Tulse Hill appeared to resent this state of affairs and scored immediately after play had restarted. But by now House's blood was up, and he "foxed" their entire defence to register a spectacular goal. J. L. Fison added another for Bart.'s, to which Tulse Hill soon replied, and the game ended in the black-out with the score at 4—2.

Team: A. Walker; R. E. Ellis, C. P. Perkins; P. W. Isaac, M. R. Marrett, D. Currie; T. N. Fison, R. Heyland, J. L. Fison, K. O. Harrison, R. A. House.

v. Blackheath, Saturday, December 2nd
Away. Won 2—1.

For the second time this season we visited Blackheath, but on this occasion avenged the defeat of a few weeks ago. Blackheath opened the scoring after seven minutes' play, but the Hospital drew level just before half-time through a great shot by Marrett after a mêlée in front of their goal. Soon after the interval House took his mashie-niblick and banged in a beautiful shot into the far left-hand top corner of the net from the edge of the circle.

Thereafter the issue was never in doubt, though the last ten minutes or so proved a bit sticky, when the pastimes indulged in the previous evening in the "Vicarage" took inevitable effect. The victory would have been greater had the forwards been able to round off some attractive passing movements more effectively. The defence was as steady as ever, and was strengthened by the welcome re-appearance of Dr. Masina.

Team: M. W. L. White; R. E. Ellis, A. H. Masina; P. W. Isaac, M. R. Marrett, G. E. Ffrench; T. N. Fison, T. M. C. Roberts, K. O. Harrison, S. R. Hewitt, R. A. House.

v. Surbiton, Saturday, December 9th. Away.
Won 4—0.

After the first ten minutes of this match it was clear that Surbiton would have to strive hard to force even a draw with an inspired Bart.'s eleven. The Hospital were in the enemy twenty-five for quite three-quarters of the game, and the occasional sorties which Surbiton made were ably repulsed by an invincible defence. White, in goal, was fortunate in having a companion with whom to converse.

The scoring was opened by J. L. Fison after fifteen minutes' play, but despite intense pressure on their goal there was no further score till the second half, when goals were added by Heyland, J. L. Fison again, and Harrison. The only criticism to be made against an otherwise excellent standard of play was that a slight excess of individual art tended to spoil a team so well together.

Team: M. W. L. White; R. E. Ellis, C. P. Perkins; P. W. Isaac, J. C. N. Westwood, C. T. A. James; T. N. Fison, R. Heyland, J. L. Fison, K. O. Harrison, S. R. Hewitt.

PRECLINICALS.

v. London School of Economics, October 8th.
Won 2—1.

This match was played on the Queens' ground on a fine day. L.S.E. scored first by a very good goal after a forward rush. Bentall scored just before half-time and again later to bring the score to 2—1. After this there were repeated forward attacks by both sides but no further goals were scored.

Team: Grimson; Ridge, Morris; Spencer-Phillips, Bullough, Fyfe; Routh, Bentall, Mehta, Goodbody, Hughes.

v. Corpus Christi and Sidney Sussex, October 18th.
Away. Lost 2—1.

This was the first match away, and played on a very good ground. We started off well with a first-class goal by Newcombe (D.) on the right wing. After this there was a ding-dong battle up and down the field until our opponents sent a shattering goal past Grimson just before half-time. The game steadily became faster and more hotly contested until finally Corpus and Sidney scored again, bringing to a close a very enjoyable game.

Team: Grimson; Ridge, Morris; Spencer-Phillips, Bullough, Fyfe; Newcombe (D.), Bentall, Mehta, Goodbody, Newcombe (J.).

v. Peterhouse, December 2nd. Away. Lost 7—4.

In the first minute of this match the forwards made a well co-ordinated attack resulting in a goal by Sankey. Then followed a dismal twenty minutes in which the defence was sorely tried; four goals were scored during this period. Half-time score: 4—1.

After half-time new energy enabled the attack to score three goals in equally rapid succession by Bullough, Bentall and Newcombe (J.). Score: 4-4. Then came another devastating attack on our defences, resulting in three more goals being registered against us.

Team: Grimson; Ridge, Morris; Spencer-Phillips, Bullough, Fyfe; Newcombe (D.), Goodbody, Sankey, Bentall, Newcombe (J.).

v. Cambridge Town, December 6th. Away.
Lost 6-3.

This was played on a very sticky and rough pitch on Jesus Green. The Town scored three goals that left Grimson little chance. Then Newcombe (D.) had his efforts rewarded by a really good shot into the corner of the net at waist height. In general our play in the first half was pretty dismal. Soon after half-time, however, there was a sudden change; we started peppering their goal (and the goalkeeper) with repeated shots. Goodbody netted twice within a few minutes after some good co-ordinated forward passing. Thereafter the battle was fast and furious in the fading light. From a penalty corner Bullough sent a cannon-ball shot into the corner of the goal, which was saved by an unequalled gymnastic feat on the part of their goalkeeper. Repeated shots failed to find the net, and the final whistle blew with our attack still going strong.

Team: Grimson; Ridge, Morris; Louth, Bullough, Fyfe; Newcombe (D.), Goodbody, Mehta, Bentall, Hughes.

Matches v. Jesus College, Downing College, Caius College and the London School of Economics were scratched owing to bad weather and sundry accessory circumstances beyond our control!

BART.'S SWIMMING CLUB AT CAMBRIDGE

The Club has been functioning unofficially almost from the beginning of term on September 18th, but it was not until December 8th that it achieved official status.

Arrangements were made with Leys School whereby we were allowed the use of the school swimming bath, but at the moment, as the allotted times happen to be during the period of darkness and as the building does not happen to be "blacked out," swimming activities at Cambridge are at standstill. Nevertheless training still proceeds apace, as visits to various establishments in the neighbourhood will show. There you will find members compensating for—by internal application, the absence, externally, of liquid.

It is hoped, however, to re-open the swimming bath in a short time.

One water-polo match has been played, versus Leys School. We defeated the School by three goals to one, goals being scored by T. Monckton and K. C. Horrocks (2).

(Writers of sports accounts are requested to write legibly and on one side of the paper.)



NEW BOOKS.

War Wounds and Air Raid Casualties. Articles from the "British Medical Journal." (H. K. Lewis. Price 10s. 6d.)

Messrs. Lewis are to be congratulated on collecting in one book articles that have been published in the B.M.J. during the last few months and presenting matter that covers practically the whole field of war surgery. Most of it is the fruits of the last Great War, but quite a large amount is from knowledge gained in the Spanish campaign. Although gunshot wounds and their treatment form a large part of the book, injuries due to the effects of high explosive bombs and gas are given an important place; there are even chapters on the Mental Aspects of A.R.P. and the Organisation of the Emergency Medical Services.

Illustrations of Bandaging and First Aid. By Lois Oakes. (E. & S. Livingstone. Price 6s.)

This comprehensive little book contains much matter which all doctors are supposed to know but which few students are taught. The importance of this matter becomes only too apparent in wartime. Although very rightly consisting for the most part of illustrations—which are all very clear and excellent—there are useful chapters on pressure points and the First Aid treatment of haemorrhage and fractures. An invaluable adjunct to First Aid demonstrations.

Illustrations of Surgical Treatment, Instruments and Appliances. By E. L. Farquharson. (E. & S. Livingstone. Price 20s.)

The happy combination of an author who loves his work and a firm noted for the excellence of its publications has resulted in a beautifully finished book with a wealth of photographs unequalled in clarity by any other textbook of surgery.

The book deals with blood transfusion, fractures and dislocations, profusely illustrated and dealt with in a thorough and straightforward manner, while the last 110 pages form an instrument catalogue, with well-executed drawing on one page and explanatory notes on the other.

The volume should prove a valuable supplement to orthopaedic teaching, and where this is impossible should provide, if only by its photographs, the best possible substitute.

Recent Advances on Anaesthesia and Analgesia. By C. Langton Hewer. (Churchill. Third Edition. 15s.)

Stimulated by the institution of the Nuffield Chair of Anaesthesia, research in anaesthetics has made considerable advance in recent years. On this subject we are glad to welcome a new edition of Mr. Hewer's book. Practically every chapter has received new matter and is followed by a magnificent list of references for those specialising in the subject. The student who is receiving his preliminary training in "stuffing" is strongly recommended to read chapters on Premedication, Gas Oxygen Apparatus, Local Analgesia Technique, Special Analgesia, Anaesthesia in Obstetrics and Oxygen Therapy.

The Philosophy of Plato. By Raphael Demos. (Charles Scribner's Sons. Price 12s. 6d.)

In "Timaeus" Plato suggests that the Creator, being aware that the human race would be intemperate in eating and drinking and would therefore probably ingest larger quantities than might be necessary, bestowed upon us long intestines which would have the effect of protracting the period of digestion, of prolonging the interval between meals and of so providing sufficient time for the contemplation of philosophy. Whence it may be deduced that the readability of Professor Demos's book is in direct relation to the length of the reader's alimentary canal—presupposing, in the case of a medical reader, that he find it possible to belie his eminently practical education by not reading the book as the textbook of an exact science. These two conditions being satisfied, so coherent a summary of the philosophy of Plato is well worth reading both as an essay in pure platitudes and as a stimulus to abstract thought in concrete minds. It should be appreciated that some of Plato's theories of natural phenomena are commonly accepted as being a little out of date.

BIRTHS

CHURCH.—On November 18th, 1939, at Kabale, Uganda, to Decima, wife of John E. Church—a fourth son.

HADFIELD.—On November 21st, 1939, at Beer, Devon, to Jean (née MacDougall of MacDougall) and Stephen Hadfield—a daughter.

HOWELL.—On September 6th, 1939, to Dr. and Mrs. Howell, Littleton Lodge, Kew Road, Weston-super-Mare—a daughter.

HUNT.—At Ahmednagar, India, to Eveline (née Stockwell), wife of Captain R. S. Hunt, R.A.M.C.—a son (Christopher John MacGregor).

NASH.—On December 10th, 1939, at Bristol Wood, Cranwell, Linces, to Joan, wife of Squadron Leader D. F. Ellison Nash, F.R.C.S., R.A.F.V.R., Howard House, S.W.1—the gift of a son (Timothy Michael).

MARRIAGES

FEARNLEY-DAVIES.—On November 14th, 1939, at St. Michael's, Chester Square, S.W.1, quietly, David, son of Dr. and Mrs. Fearnley, 88, The Avenue, W.13, to Alice Davies, daughter of the late Arthur Davies, Esq., and Mrs. Davies, of Capel, Bangor, North Wales.

THOMPSON-BISPHAM.—On December 9th, 1939, at Holy Trinity Church, Claygate, by Rev. R. G. B. Bailey, M.A., Vicar, Dr. J. R. O. Thompson, son of Dr. O. Thompson, of Petersham, to Marjorie, daughter of Mr. and Mrs. J. W. Bispham, of Claygate, Surrey.

WRIGHT-LEVER.—On November 21st, 1939, at Bolton Parish Church, by the Rev. Canon Davidson, assisted by the Rev. W. S. Swainson, Vicar of Hornby, Lieut. Philip Miall Wright, R.A.M.C., the younger son of the late Dr. J. Farrell Wright and Mrs. Wright, to Mary, only daughter of Mr. and Mrs. Percy F. Lever.

DEATH

TAIT.—On December 14th, 1939, at 60, Highbury Park, N.5, Edward Sabine Tait, M.D., aged 83.



FEB., 1940)

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